

## ACT- Medica Behavioral Health - Request Form (Non-contracted providers only)

- Facility Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Facility Address: \_\_\_\_\_
- Member Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_
- Member ID#: \_\_\_\_\_

In addition, Non-Contracted ACT Providers, please include:

- Facility Tax ID: \_\_\_\_\_
- Attending MD: \_\_\_\_\_
- DEA Number: \_\_\_\_\_
- Minnesota DHS Medicaid ID: \_\_\_\_\_

BILLING CODE	SERVICE DESCRIPTION	HOST COUNTY RATE	ADDRESS OF SERVICE SITE IF DIFFERENT THAN ABOVE	START DATE FOR THIS SERVICE
H0040 Per Diem	ACT – Assertive Community Treatment			